

P9500002946

OFFICE USE ONLY (Do not fill in)

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)  
890 S.W. 87 AVENUE #16  
(Address)  
MIAMI, FLORIDA 33174 (305) 552-5973  
(City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE

01/23/95--01066--012  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

(904) 385-6735

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. PORTO CERVO INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 3:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/> Profit	
<input type="checkbox"/> NonProfit	
<input type="checkbox"/> Limited Liability	
<input type="checkbox"/> Domestication	
<input type="checkbox"/> Other	

AMENDMENTS	
<input type="checkbox"/> Amendment	
<input type="checkbox"/> Resignation of R.A., Officer/Director	
<input type="checkbox"/> Change of Registered Agent	
<input type="checkbox"/> Dissolution/Withdrawal	
<input type="checkbox"/> Merger	

OTHER FILINGS	
<input type="checkbox"/> Annual Report	
<input type="checkbox"/> Fictitious Name	
<input type="checkbox"/> Name Reservation	

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/> Foreign	
<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Trademark	
<input type="checkbox"/> Other	

FILED RECEIVED  
95 JAN 11 AM 8:35  
95 JAN 11 PM 2:37  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

*[Handwritten signature]*  
1/11/95

Examiner's Initials

Miami January 09, 1995

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

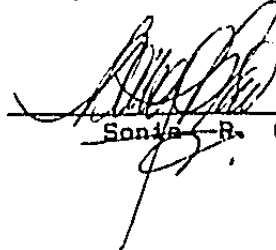
Re: PORTO CERVO Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

  
\_\_\_\_\_  
Sonia R. Chao

Porto Cervo Inc.

MAILING ADDRESS OF CORPORATION

PORTO CERVO, Inc.  
4200 Aurora street, suite "N"  
Coral Gables, FL 33146  
Ph. (305) 441-8220

# ARTICLES OF INCORPORATION

of

Porto Cervo, Inc.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Porto Cervo, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares ( 500 ) of one  
Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME <u>Sonia R. Chao</u>		
ADDRESS <u>4200 Aurora Street, Suite 'N', Coral Gables, FL 33146</u>		
CITY <u>Coral Gables</u>	FLORIDA	ZIP <u>33146</u>

The principal office, if known, or the mailing address of the corporation is:

NAME <u>CE. MA., s.a.s. Cesare Mazzucato (President)</u>		
ADDRESS <u>Via Aosta, 15</u>		
CITY <u>Padova</u>	FLORIDA	ZIP <u>35100</u>

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


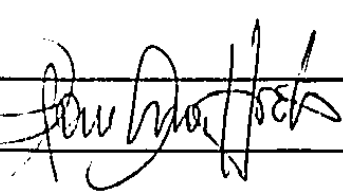
NAME <u>Sonia R. Chao</u>		
ADDRESS <u>4200 Aurora Street, Suite "N"</u>		
CITY <u>Coral Gables</u>	STATE <u>FL</u>	ZIP <u>33146</u>
NAME <u>CE.MA., s.a.s. Cesare Mazzucato (President)</u>		
ADDRESS <u>Via Aosta, 15</u>		
CITY <u>Padova</u>	STATE <u>Italy</u>	ZIP <u>35100</u>
NAME		
ADDRESS		
CITY	STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Sonia R. Chao		
ADDRESS	4200 Aurora Street, Suite 'N', Coral Gables, FL 33146		
CITY	Coral Gables	STATE	FL ZIP 33146
NAME	CE. MA., S.A.S. Cesare Mazzucato (President)		
ADDRESS	Via Aosta, 15		
CITY	Padova	STATE	Italy ZIP 35100
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 10 day of January, 19 95.

 (Seal)  
 (Seal)  
 \_\_\_\_\_ (Seal)

P

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

PORTO CERVO, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation


at 4200 Aurora Street, Suite "n", Coral Gables, FL 33146

has named Sonia R. Chao

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
\_\_\_\_\_  
(registered agent)

FILED  
STATE  
TALLAHASSEE, FLORIDA

55 JAN 11 AM 8:35